



APPLICATION FOR LEADERSHIP VA

(DO NOT FILL IN)

A		G	
B		M	
C		SC	
D		R	
E		A	
F			

NOTE: Please type all responses.

DATE COMPLETED AND SENT TO SUPERVISOR

DATE SENT TO DEPARTMENT/STAFF OFFICE OFFICIAL

NAME (*Last, First and Middle Initial*)

NAME FRIENDS CALL YOU

GRADE LEVEL (GS, SES, TITLE 38
OR OTHER)

YEARS IN VA

CORRESPONDENCE
SYMBOL

OFFICE MAILING ADDRESS

FTS NUMBER

FAX NUMBER

EMPLOYMENT HISTORY

BEGINNING DATE OF PRESENT JOB

JOB TITLE

ASSIGNMENT/RESPONSIBILITY (*Explain*)**INSTRUCTION:** List former positions in VA or other agencies and all previous employment in reverse chronological order beginning with your current position. (*Account for all periods including military active duty.*) (*If additional space is needed continue on Page 5.*)

EMPLOYEE		TITLE, GRADE OR RESPONSIBILITY	DATES	
			FROM	TO
1				
2				
3				
4				
5				
6				

INSTRUCTION: Name any inter-/intra-Agency committees you have served on.

NAME OF COMMITTEE		YOUR ROLE	DATES ACTIVE
1			
2			
3			
4			

WHAT DO YOU CONSIDER YOUR BEST SKILL OR YOUR OUTSTANDING CAREER ACHIEVEMENT THUS FAR? DESCRIBE PARTICULARLY ANY SUGGESTIONS MADE OR INITIATIVES UNDERTAKEN BY YOU AND THEIR RESULTS.

EDUCATION

INSTRUCTION: List beginning with high school, then college(s), business or trade schools and/or other specialized training.

NAME AND CITY OF SCHOOL		DATES		DEGREE	MAJOR
		FROM	TO		
1					
2					
3					
4					
5					
6					

EXTRACURRICULAR ACTIVITIES AND SPECIAL HONORS OR AWARDS FOR LEADERSHIP ACTIVITIES WHILE IN SCHOOL *(Please indicate school.)*

PROFESSIONAL/COMMUNITY INVOLVEMENT				
MAJOR VOLUNTEER ROLE AT THIS TIME		ORGANIZATION		POSITION
DESCRIBE RESPONSIBILITIES				
INSTRUCTION: Please list, in order of importance to you, up to four other community, civic, professional, business, church activity (<i>Do not identify sect or denomination</i>), social, athletic or other organization in which you have exercised a leadership or active participative role.				
ORGANIZATION		DATES OF MEMBERSHIP		OFFICIAL POSITIONS HELD
		FROM	TO	
1				
2				
3				
4				
WHAT HAVE YOU ACCOMPLISHED IN ANY ONE OR MORE OF THESE ACTIVITIES THAT YOU THINK IS IMPORTANT? (<i>Pay particular attention to any initiatives you have undertaken and the results of such efforts.</i>)				
HOW MUCH TIME EACH MONTH DO YOU COMMIT TO COMMUNITY, CIVIC, PROFESSIONAL AND OTHER ORGANIZATIONS AND ACTIVITIES?		HAVE YOU BEEN AS ACTIVE IN COMMUNITY, CIVIC, PROFESSIONAL AND OTHER ACTIVITIES AS YOU WOULD LIKE TO BE? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "NO," complete section below.</i>)		
WHAT HAVE BEEN THE MAJOR BARRIERS TO YOUR BECOMING INVOLVED?				

GENERAL

DESCRIBE ANY PARTICULARLY DIFFICULT DISADVANTAGES OR HURDLES YOU HAVE HAD TO OVERCOME TO ACHIEVE YOUR PRESENT STATUS.

WHAT DO YOU HOPE TO GAIN FROM YOUR **LEADERSHIP VA** EXPERIENCE?

IN YOUR JUDGMENT, WHAT ARE THE THREE MOST PRESSING ISSUES FACING THE DEPARTMENT OF VETERANS AFFAIRS GENERALLY AND/OR YOUR PARTICULAR AREA SPECIFICALLY? EXPLAIN WHY AND GIVE ANY RECOMMENDATIONS YOU MAY HAVE FOR APPROACHING AND RESOLVING THESE PROBLEMS. *(Please use this space and continue on Page 5 for your answers.)*

THREE MOST PRESSING ISSUES FACING THE DEPARTMENT OF VETERANS AFFAIRS - *(Continuation)*

ADDITIONAL INFORMATION

Application must be signed for it to be considered. ►

SIGNATURE OF APPLICANT

DATE

PRIVACY ACT STATEMENT

AUTHORITY: This information is solicited under the authority of Title 5 and Title 38 U.S.C. The disclosure of information is voluntary, but failure to fully complete the application may result in your receiving less than full consideration for attendance to **Leadership VA**.

PURPOSE: The information is needed to evaluate candidates for selection to **Leadership VA**.

SUPERVISOR'S ENDORSEMENT

AS APPLICANT'S IMMEDIATE SUPERVISOR, PLEASE REVIEW INFORMATION SUBMITTED BY THE APPLICANT. ENDORSE THE APPLICANT BY CHECKING APPROPRIATE BOX BELOW, THEN SIGN AND DATE YOUR ENDORSEMENT IN THE SIGNATURE BLOCK. ANY COMMENTS YOU WISH TO SUBMIT TO SUPPORT YOUR ENDORSEMENT SHOULD BE INCLUDED IN THE SPACE PROVIDED BELOW.

☐ I HIGHLY RECOMMEND

☐ I RECOMMEND

☐ I DO NOT RECOMMEND

This applicant for the **Leadership VA 19** program.

NARRATIVE COMMENTS

SIGNATURE AND TITLE OF SUPERVISOR

DATE